

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98792 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles W. Hewes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 63 Years, 11 Months, 22 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Retired Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Main

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } S. E. Corner Saratoga & Pine Sts

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia
Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 25

Undertaker, Evans and Spencer J. W. J. Engle M. D.
Medical Attendant.

Place of Business, 1060 E Balto, St Address, 130 Mad Hw Ex

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *98793*

Office of Registrar of Vital Statistics.

Ward *2^d*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 23 1884*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Agnes Williams

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *23* Years, Months, Days.

Color, *Colored*

~~Married~~, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Domestic*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore, *5 years*

Place of Death, { Give Street and Number. }

516 S Caroline St

Cause of Death, { First (Primary), Second (Immediate), }

Valvular Disease of the Heart

Duration of Last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *Lucien Cemetery*

Date of Burial, *March 25th*

Underiaker, *A. W. R. Bandell*

Place of Business, *1608 Miller St*

E. Hall Rutledge M. D.
Coroner
Address *403 N Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9879 Office of Registrar of Vital Statistics.

Ward 7^c

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph W. Brown

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 32 Years, _____ Months, _____ Days.

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Engineer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } 1415 Church St.

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, March 24 87

{ Undertaker, Am S Fry

{ Place of Business, 221 N Broadway Address, 129 So Broadway

R. M. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 98795 Office of Registrar of Vital Statistics.

Ward 9¹¹/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 27 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Two Years

Place of Death, { Give Street and Number. } City Hospital

Cause of Death, { First (Primary), Second (Immediate), } Purpural Typhemia
Typhoid condition

Duration of Last Sickness, About 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Mar 24/87

{ Undertaker, Geo. Rinchart Harry Friedewald M. D. Medical Attendant.

{ Place of Business, Health Office Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98796 Office of Registrar of Vital Statistics. Ward 13^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23, 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Nurse

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 38 King St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Aethenica

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24, 1889

{ Undertaker, Hercules Ross M. D. Medical Attendant.

{ Place of Business, 404 Conduit St Address, 617 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 98797 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death, March 22^d

Full Name of Deceased, { Write legibly and spell
correctly. If an Infant
not named, give names
of parents.

Sex, ~~Male~~ or Female, { Cross out the word not
required in this line. }

Age, _____ Years, Seventeen Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not }
 { required in this line. }

Occupation,

Birth Place, { State or country, and how
long in the United States,
if of foreign birth.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and }
Number. }

Cause of Death, { First (Primary), *Int. Fever & Bronchitis*
Second (Immediate),

Duration of Last Sickness, One Week preliminary at Office, on 21st of the Month of June 1881

All the above information should be furnished by the Physician.

Place of Burial, Marble & Cement

Date of Burial, March 24 1887

(Undertaker, *W. C. Coker* 1898

Place of Business, 404 E. Main St. Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention

Health Department, City of Baltimore.

Permit No. 98798 Office of Registrar of Vital Statistics.

Ward 2 1/2

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CERTIFICATE OF DEATH.

Date of Death, March 22nd 1887

Full Name of Deceased, Matthew Conway

Sex, Male or Female, Male

Age, 46 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Saloon-keeper

Birth Place, State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, 15-19 Cantons ave

Cause of Death, Watery-liver, Gastritis.

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 24

Undertaker, J. D. Dippel

Place of Business, 157 N. Bond Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98799 Office of Registrar of MAR 24 1887 STATISTICS

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Mar 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Lind

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany (34 yrs in A.)

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, { Give Street and Number. } St. Joseph's Hospital

Cause of Death, { First (Primary), Second (Immediate), } Cerebral Tumor
Apoplexy

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, March 24th

{ Undertaker, W. L. Dwyer Oscar J. Lockery M. D. Medical Attendant.

{ Place of Business, 158 S. Bond Address, 624 A. Calverton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 98800

Office of Registrar of Vital Statistics.

Ward 19

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPERLY FILLED CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23/87
Full Name of Deceased, Elizabeth Worthington
Sex, Male or Female, Female
Age, 72 Years, 7 Months, 19 Days
Color, White
Married, Single, Widow or Widower, Married

Occupation,
Birth Place, Annapolis Md
Duration of Residence in the City of Baltimore, 23 years
Place of Death, 605 N. Mount St
Cause of Death, Pneumonia
Duration of Last Sickness, 1 week

Place of Burial, St Paul Cemetery
Date of Burial, Feb 25
Undertaker, J. B. Cook
Place of Business, 1003 W. Baltimore St
Medical Attendant, Thoma Opie M. D., 600 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Keepers of Cemeteries in City of Baltimore will make returns of all
each week.

No. 98801

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98801 Office of Registrar of Vital Statistics.

Ward 10

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 22, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Graff

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 43 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Northumberland Co. Pa

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, { Give Street and Number. } 207 1/2 Pierce St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Mar. 24, 1887

Undertaker, M. Curran

Place of Business, 696 Mulberry Address, 763 N. Fayette St.

Chas. W. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

it further enacted and ordained, That whenever any person shall die in this city, it shall be the duty of the physician attending during his or her last sickness, or the Coroner, when the case is referred to the Undertaker or other persons superintending the burial, to fill out this certificate, giving the name, sex, age, and condition (whether married or single).